Division of Health Care Financing HCF 1066B (Rev. 12/03)

HEALTHCHECK ADOLESCENT'S FOOD RECORD (13 TO 20 Years of Age)

Name of Adolescent			Date		
Directions: Write down everything you had to eat or drink and how much in the last 24 hours (meals and snacks). Start with the first time you ate yesterday to the first time you ate today. Example					
	30 AM Home on Home	Donut, 4 ounce Sandwich – 2 s butter	s apple juice lices whole wheat bread	, 2 slices cheddar che	ese, 1 tablespoon
			s) tomato soup made wit	h 2% milk	
TIME PLACE		AMOUNT AND FO	OOD OR BEVERAGE CO	ONSUMED	_
OFFICE USE ONLY E	Bread	Vegetables	Fruit	Milk	Meat
Is this the way you eat most of the time? Yes No If no, why not? What foods do you refuse to eat?					
3. How often do you eat away from home? Almost every day 1 to 2 times a week 2 to 4 times a week 2 to 4 times a week					
4. Are you on a diet, following diet restrictions or trying to control your weight? Yes No5. How many times in the last month did you have problems getting enough food?					